

2023 MEDICARE PROMOTING INTEROPERABILITY PROGRAM DATA VALIDATION CRITERIA

Measure Name	Measure Description	Required/Bonus	Reporting Requirement	Validation	Suggested Documentation*
Security Risk Analysis	<p>Eligible hospitals and CAHs must conduct or review a security risk analysis of certified electronic health record technology (CEHRT) and address encryption/security of data, implement security updates as necessary, and correct identified security deficiencies as part of the provider’s risk management process.</p> <p><i>Note:</i> Actions included in the security risk analysis measure may occur any time during the calendar year in which the electronic health record (EHR) reporting period occurs.</p>	Required.	Yes/No Attestation	<p>Security risk analysis of the CEHRT was performed or reviewed prior to the date of attestation on an annual basis and for the CEHRT used during the EHR reporting period.</p> <ul style="list-style-type: none"> If you choose to submit for a 90-day EHR reporting period, it is acceptable for the security risk analysis to be conducted outside the EHR reporting period; however, it must be conducted within the calendar year of the EHR reporting period (January 1st – December 31st). An analysis must be done upon installation or upgrade to a new system and a 	<p>A dated report or screenshot that documents the procedures performed during the analysis and the results. The report should be dated within the calendar year of the EHR reporting period and should include evidence to support that it was generated for that eligible hospital or CAH’s system (e.g., identified by National Provider Identifier (NPI), CMS Certification Number (CCN), hospital name, etc.). Notes:</p> <ul style="list-style-type: none"> The measure requires eligible hospitals and CAHs to address encryption/security of data stored in CEHRT. At minimum, eligible hospitals and CAHs should be able to show a plan for correcting or mitigating deficiencies and steps that are being taken to implement that plan.



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				review must be conducted covering each EHR reporting period.	<ul style="list-style-type: none"> Any documentation of an analysis will suffice; the report does not necessarily need to come from CEHRT.
Safety Assurance Factors for EHR Resilience (SAFER) Guides	Beginning with CY 2022 EHR reporting period, CMS added a new SAFER Guides measure to the Protect Patient Health Information objective. The SAFER Guides help hospitals conduct self-assessments to optimize the safety and safe use of EHRs. Eligible hospital or CAH must attest to having conducted an annual self-assessment using all 9 SAFER Guides at any point during the calendar year in which the EHR reporting period occurs.	Required.	Yes/No Attestation <i>Note:</i> For CY 2023, an attestation of yes or no is acceptable and will not affect the total score or status.	Submit a YES or NO to conducting an annual self-assessment of the High Priority Practices Guide of the SAFER Guides. (https://www.healthit.gov/topic/safety/safer-guides) for the 2023 performance period.	If submitting a “Yes”: <ul style="list-style-type: none"> A dated report or screenshot of the self-assessment checklist found on pages 5 – 6 of the Guide. OR <ul style="list-style-type: none"> A dated report or screenshot of the recommended practice worksheets (1.1 – 3.3) on pages 9 – 26 of the Guide.
e-Prescribing	For at least one hospital discharge medication order for permissible prescriptions (for new and changed prescriptions) are transmitted electronically using CEHRT.	Required under the Electronic Prescribing Objective; exclusion available.	Numerator/Denominator Reporting	At least one permissible prescription written by the eligible hospital or CAH is transmitted electronically via CEHRT.	A dated report or screenshot of patient prescription/record that indicates the number of times where electronic prescribing was performed in accordance with CMS standards for electronic prescribing (45 CFR 423.160(b)).
e-Prescribing: Exclusion	Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.	Required only if submitting an exclusion for the e-Prescribing measure.			Proof that an eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions,



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					and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.
Query of Prescription Drug Monitoring Program (PDMP)	For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using CEHRT during the EHR reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a PDMP for prescription drug history.	Required under the Electronic Prescribing Objective; exclusion available.	Yes/No Attestation		A dated report or screenshot that shows the eligible hospital or CAH used data from CEHRT to conduct a query of a PDMP for prescription drug history for at least one patient prior to electronically prescribing the patient a Schedule II opioid, Schedule III drug or Schedule IV drug.
Query of PDMP: Exclusion I	Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions for controlled substances that include Schedule II, III, IV drugs and is not located within 10 miles of any pharmacy that accepts electronic prescriptions for controlled substances at the start of their EHR reporting period.	Required only if submitting an exclusion for the Query of PDMP measure.		Eligible hospitals or CAHs must select the exclusion for this measure. The submission of a "yes" for the Query of PDMP measure will void out the exclusion.	Documentation of the location of the closest pharmacy that accepts electronic prescriptions for controlled substances.
Query of PDMP: Exclusion II	Any eligible hospital or CAH that could not report on this measure in accordance with applicable law.	Required only if submitting an exclusion for the Query		Eligible hospital or CAHs must select the exclusion for this measure. The	Citation of the applicable law.



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		of PDMP measure.		submission of a "yes" for the Query of PDMP measure will void out the exclusion.	
Support Electronic Referral Loops by Sending Health Information	For at least one transition of care or referral, the eligible hospital or CAH that transitions or refers its patient to another setting of care or provider of care: 1. Creates a summary of care record using CEHRT; 2. Electronically exchanges the summary of care record.	Required option under the Health Information Exchange Objective.	Numerator/ Denominator	When a patient is transitioned and/or referred to another setting or health care provider, the summary of care document must be generated by the CEHRT in a C-CDA format. The summary of care may be transmitted using a wide range of electronic options including secure email, Health Information Service Provider (HISP), query-based exchange or use of third party HIE.	A dated report or screenshot that indicates the number of summary of care documents that were created and exchanged electronically using CEHRT for transitions of care and/or referrals to another setting of care or health care provider during the EHR reporting period.
Support Electronic Referral Loops by Receiving and Reconciling Health Information	For at least one electronic summary of care record received using CEHRT for patient encounters during the EHR reporting period for which an eligible hospital or CAH was the receiving party of a transition of care or referral, or for patient encounters during the EHR reporting period in which the eligible hospital or CAH has never	Required option under the Health Information Exchange Objective.	Numerator/ Denominator	Receives or retrieves and reconciles an electronic summary care record into the CEHRT when a patient is transitioned or referred to the eligible hospital or CAH AND performs	A dated report or screenshot that shows the number of times the eligible hospital or CAH: <ul style="list-style-type: none"> electronically retrieved or received and reconciled a summary of care document into the CEHRT for a transition of care received, referral received,



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	before encountered the patient, the eligible hospital or CAH conducts clinical information reconciliation for medication, medication allergy, and current problem list using CEHRT.			review of medication(s), medication allergies, and current problem list and reconciliation for at least one transition of care or referral received, or patient encounter in which the Eligible hospital or CAH has not before encountered the patient.	or patient encounter in which the eligible hospital or CAH has never before encountered the patient during the EHR reporting period. <ul style="list-style-type: none"> performed clinical reconciliation for 1) medication, including the name, dosage, frequency, and route of each medication, 2) medication allergies, and 3) current problem list for a transition of care or referral received, or patient the eligible hospital or CAH has never before encountered during the EHR reporting period.
Health Information Exchange (HIE) Bi-Directional Exchange	The eligible hospital or CAH must attest to the following: <ol style="list-style-type: none"> Participating in an HIE in order to enable secure, bi-directional exchange of information to occur for all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23), and all unique patient records stored or maintained in the EHR for these departments, during the EHR reporting 	Required option under the Health Information Exchange Objective.	Yes/No Attestation	Must establish the technical capacity and workflows to engage in bi-directional exchange via an HIE for all patients discharged from the eligible hospital or CAH inpatient or emergency department and for any patient record stored or maintained in their EHR,	<ul style="list-style-type: none"> A dated report or screenshot that documents successful receipt and transmission of patient data via the entity providing health information exchange services. Should include evidence to support that it was generated for that eligible hospital or CAH's system (e.g., identified by National Provider Identifier (NPI) and CCN,



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	<p>period in accordance with applicable law and policy.</p> <p>2. Participating in an HIE that is capable of exchanging information across a broad network of unaffiliated exchange partners including those using disparate EHRs, and not engaging in exclusionary behavior when determining exchange partners.</p> <p>3. Using the functions of CEHRT to support bidirectional exchange with an HIE.</p>			consistent with their attestation statements.	<p>AND/OR</p> <ul style="list-style-type: none"> • Letter, email or other documentation from the entity providing health information exchange services confirming participation of eligible hospital or CAH, the date of on-boarding, a description of services provided, and a description of exchange network participants <p>OR</p> <ul style="list-style-type: none"> • Letter, email or other documentation from the Eligible hospital or CAH’s CEHRT vendor confirming a connection between the eligible hospital or CAH’s CEHRT and an entity providing health information exchange services, the date of on-boarding, a description of services provided, and a description of exchange network participants (e.g., number/type of participating providers) for the duration of the EHR reporting period.



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Enabling Exchange Under TECCA	<p>The eligible hospital or CAH must attest to the following:</p> <ol style="list-style-type: none"> 1. Participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the Federal Register and on ONC's website) in good standing (that is not suspended) and enabling secure, bidirectional exchange of information to occur, in production, for all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23), and all unique patient records stored or maintained in the EHR for these departments, during the EHR reporting period in accordance with applicable law and policy. 2. Using the functions of CEHRT to support bidirectional exchange of patient information, in production, under this Framework Agreement. 	Required option under the Health Information Exchange Objective.	Yes/No Attestation	<p>The eligible hospital or CAH must</p> <ul style="list-style-type: none"> • Participate as a signatory to a Framework Agreement in good standing (i.e., not suspended) and enabling secure, bi-directional exchange of information to occur, in production, for every patient encounter, transition or referral, and record stored or maintained in the EHR during the EHR reporting period, in accordance with applicable law and policy. • Uses the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement. 	<ul style="list-style-type: none"> • A dated report or screenshot that documents successful receipt and transmission of patient data via the entity providing health information exchange services. Should include evidence to support that it was generated for that eligible hospital or CAH's system (e.g., identified by National Provider Identifier (NPI), and CCN). <p>AND/OR</p> <ul style="list-style-type: none"> • Letter, email or other documentation from the entity providing health information exchange services confirming participation of eligible hospital or CAH, the date of on-boarding, a description of services provided, and a description of exchange network participants (e.g., number/type of participating providers). <p>OR</p> <ul style="list-style-type: none"> • Letter, email or other documentation from the eligible hospital or CAH's CEHRT



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					vendor confirming a connection between the eligible hospital or CAH's CEHRT and an entity providing health information exchange services, the date of on-boarding, a description of services provided, and a description of exchange network participants (e.g., number/type of participating providers) for the duration of the EHR reporting period.
Provide Patients Electronic Access to Their Health Information	<p>For at least one unique patient discharged from the eligible hospital or CAH inpatient or emergency department (Place of Service [POS] 21 or 23):</p> <ol style="list-style-type: none"> 1. The patient (or patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and 2. The eligible hospital or CAH ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the application programming interface 	Required.	Numerator/ Denominator	Provide the information necessary to grant access to the patient or their authorized representative in order to view, download, and transmit their health information using any application of the patient's choice meeting the technical specifications of the application programming interface of the eligible hospital's or CAH's CEHRT.	A dated report or screenshot that documents the number of times a patient or patient-authorized representative is given access to view, download, or transmit their health information. This could include instructions provided to the patient on how to access their health information, including: the website address they must visit, the patient's unique and registered username or password, and a record of the patient logging on to show that the patient can use any application of their choice to



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	(API) in the eligible hospital or CAH's CEHRT.				access the information and meet the API technical specifications.
Immunization Registry Reporting	The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	Required under the Public Health and Clinical Data Exchange Objective; exclusion available.	Yes/No Attestation	Active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the registry/immunization information system. Active engagement options: <ul style="list-style-type: none"> • Option 1: Pre-production and Validation OR <ul style="list-style-type: none"> • Option 2: Validated Data Production 	<ul style="list-style-type: none"> • A dated report or screenshot that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that eligible hospital or CAH's system (e.g., identified by National Provider Identifier (NPI), and CCN OR <ul style="list-style-type: none"> • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that eligible hospital or CAH (e.g., identified by National Provider Identifier (NPI) and CCN OR <ul style="list-style-type: none"> • Letter or email from registry or public health agency confirming registration or receipt of submitted data,



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Immunization Registry Reporting: Exclusion I	The eligible hospital or CAH does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the EHR reporting period.	Required only if submitting an exclusion for the Immunization Registry Reporting measure.		The eligible hospital or CAH who does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.	A dated report or screenshot that indicates that the eligible hospital or CAH did not administer any immunizations to any population for which data is collected by its jurisdiction's immunization registry or immunization information system during the performance period.
Immunization Registry Reporting: Exclusion II	The eligible hospital or CAH operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.	Required only if submitting an exclusion for the Immunization Registry Reporting measure.		The eligible hospital or CAH operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.	A dated report or screenshot or letter or email from the registry that demonstrates the eligible hospital or CAH was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
Immunization Registry	The eligible hospital or CAH operates in a jurisdiction where no immunization registry	Required only if submitting		Eligible hospital or CAH who operates in a	For exclusions to Public Health and Clinical Data Exchange



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Reporting: Exclusion III	or IIS has declared readiness to receive immunization data as of six months prior to the start of the EHR reporting period.	an exclusion for the Immunization Registry Reporting measure.		jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.	objective, a dated report or screenshot or letter or email from the registry that demonstrates the eligible hospital or CAH was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
Syndromic Surveillance Reporting	The eligible hospital or CAH is in active engagement with a PHA to submit syndromic surveillance data from an emergency department (Place of Service [POS] 23).	Required under the Public Health and Clinical Data Exchange Objective; exclusion available.	Yes/No Attestation	Active engagement with a public health agency or clinical data registry to submit syndromic surveillance data from an emergency department setting where the jurisdiction accepts syndromic data from such settings and the standards are clearly defined. Active engagement options: • Option 1: Pre-production and Validation OR	<ul style="list-style-type: none"> • A dated report or screenshot from CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that Eligible hospital or CAH's system (e.g., identified by National Provider Identifier (NPI) and CCN OR • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that eligible hospital or CAH (e.g., identified by National



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				<ul style="list-style-type: none"> Option 2: Validated Data Production 	Provider Identifier (NPI) and CCN OR <ul style="list-style-type: none"> Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
Syndromic Surveillance Reporting: Exclusion I	Any eligible hospital or CAH meeting the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH: Does not have an emergency department;	Required only if submitting an exclusion for the Syndromic Surveillance Reporting measure.			Documentation that the eligible hospital or CAH lacks an emergency department
Syndromic Surveillance Reporting: Exclusion II	Any eligible hospital or CAH meeting the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH: Operates in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs as of 6 months prior to the start of the EHR reporting period.	Required only if submitting an exclusion for the Syndromic Surveillance Reporting measure.			



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Syndromic Surveillance Reporting: Exclusion III	Any eligible hospital or CAH meeting the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH: Operates in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period	Required only if submitting an exclusion for the Syndromic Surveillance Reporting measure.			
Electronic Case Reporting	The eligible hospital or CAH is in active engagement with a PHA to submit case reporting of reportable conditions.	Required under the Public Health and Clinical Data Exchange Objective; exclusion available.	Yes/No Attestation	Active engagement with a public health agency or clinical data registry to electronically submit case reporting of reportable conditions. Active engagement options: <ul style="list-style-type: none"> • Option 1: Pre-production and Validation OR • Option 2: Validated Data Production 	<ul style="list-style-type: none"> • A dated report or screenshot from CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that eligible hospital or CAH's system (e.g., identified by National Provider Identifier (NPI) and CCN OR • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that eligible hospital or CAH



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					(e.g., identified by National Provider Identifier (NPI) and CCN OR • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
Electronic Case Reporting: Exclusion I	The eligible hospital or CAH does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.	Required only if submitting an exclusion for the Electronic Case Reporting measure.			A dated report or screenshot that indicates that the eligible hospital or CAH does not treat or diagnose any reportable diseases for which data is collected by the jurisdiction's reportable disease system during the EHR reporting period.
Electronic Case Reporting: Exclusion II	The eligible hospital or CAH operates in a jurisdiction for which no PHA can receive electronic case reporting data to the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.	Required only if submitting an exclusion for the Electronic Case Reporting measure.			For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the eligible hospital or CAH was unable to submit and would, therefore, qualify under one of the



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					provided exclusions to the objective.
Electronic Case Reporting: Exclusion III	The eligible hospital or CAH operates in a jurisdiction where no PHA has declared readiness to receive electronic case reporting data as of six months prior to the start of the EHR reporting period.	Required only if submitting an exclusion for the Electronic Case Reporting measure.			For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the eligible hospital or CAH was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
Electronic Reportable Laboratory (ELR) Result Reporting	The eligible hospital or CAH is in active engagement with a PHA to submit ELR results.	Required under the Public Health and Clinical Data Exchange Objective; exclusion available.	Yes/No Attestation	Active engagement options: <ul style="list-style-type: none"> • Option 1: Pre-production and Validation OR • Option 2: Validated Data Production 	



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ELR Result Reporting: Exclusion I	The eligible hospital or CAH does not perform or order laboratory tests that are reportable in their jurisdiction during the electronic health record (EHR) reporting period.	Required only if submitting an exclusion for the ELR Result Reporting measure.			For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the eligible hospital or CAH was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
ELR Result Reporting: Exclusion II	The eligible hospital or CAH operates in a jurisdiction for which no PHA can accept the specific ELR standards required to meet the certified electronic health record technology (CEHRT) definition at the start of the EHR reporting period.	Required only if submitting an exclusion for the ELR Result Reporting measure.			For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the eligible hospital or CAH was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.



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ELR Result Reporting: Exclusion III	The eligible hospital or CAH operates in a jurisdiction where no PHA has declared readiness to receive ELR results from an eligible hospital or CAH as of six months prior to the start of the EHR reporting period.	Required only if submitting an exclusion for the ELR Result Reporting measure.			For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the eligible hospital or CAH was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
Public Health Registry Reporting	The eligible hospital or CAH is in active engagement with a PHA to submit data to public health registries.	Bonus under the Public Health and Clinical Data Exchange Objective.	Yes/No Attestation	Active engagement with a public health agency or clinical data registry to electronically submit data to public health registries. Active engagement options: <ul style="list-style-type: none"> • Option 1: Pre-production and Validation OR • Option 2: Validated Data Production 	<ul style="list-style-type: none"> • A dated report or screenshot from CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that Eligible hospital or CAH's system (e.g., identified by National Provider Identifier (NPI) and CCN. OR • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated



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					for that Eligible hospital or CAH (e.g., identified by National Provider Identifier (NPI), and CCN). OR <ul style="list-style-type: none"> Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
Clinical Data Registry Reporting	The eligible hospital or CAH is in active engagement to submit data to a clinical data registry (CDR).	Bonus under the Public Health and Clinical Data Exchange Objective.	Yes/No Attestation	Active engagement with a clinical data registry to electronically submit clinical data. Active engagement options: <ul style="list-style-type: none"> Option 1: Pre-production and Validation OR Option 2: Validated Data Production 	<ul style="list-style-type: none"> A dated report or screenshot from the CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that Eligible hospital or CAH's system (e.g., identified by National Provider Identifier (NPI) and CCN OR A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to



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* Documentation needs to be from CEHRT and be inclusive of:

- 1) The time period the report covers (EHR reporting period)
- 2) Evidence to support that the report was generated by the CEHRT (e.g., screenshot of the report before it was printed from the system).

*Because some CEHRT are unable to generate reports that limit the calculation of measures to a prior time period, CMS suggests that hospitals download and/or print a copy of the report used at the time of data submission for their records.

For more information see the Federal Register from August 28, 2023 (88 FR 59259 through 59282)

